



# MISSISSIPPI BOARD OF BARBER EXAMINERS

## VERIFICATION OF LICENSE FORM

### Instructions:

1. Complete and print out this form; and
2. Mail with the \$20.00 verification of license fee. No personal checks, cash, credit cards or company checks will be accepted.
3. Verification of license will be mailed out within ten (10) business days of receipt of your request form.

### MAIL COMPLETED FORM WITH \$20 FEE TO:

Mississippi Board of Barber Examiners  
P.O. Box 603  
Jackson, MS 39205

Mississippi License Number: \_\_\_\_\_

Name as it appears on your Mississippi license: \_\_\_\_\_

Current Name (if different from above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Identify what information needs to be sent:  Transcript  License Verification  Other

Please specify: \_\_\_\_\_

### State Licensing Agency you wish information mailed to:

Licensing Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SIGNATURE OF INDIVIDUAL MAKING REQUEST:	DATE OF REQUEST:
DATE PROCESSED:	BY: